

## GUARDIANSHIP QUESTIONNAIRE FOR CREATION OF AN INVESTMENT PLAN

Guardian:		<input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> Entity		Date Appointed:	
Physical Address:			City / State:		Zip:
Mailing Address (if different):			City / State:		Zip:
Telephone:	Fax:	E-mail:			
<b>GUARDIANSHIP-SPECIFIC INFORMATION</b>					
Full Name of Guardianship:				Date of Guardianship	
To the right, please give us through which month-end you would like our Annual Review. We need 15 days after the end of the desired month to prepare the report and email it to you					
Annual Income: (Exclude income from investments)	Social Security: \$		Annuity/Structured Settlement: \$		
	Pension(s): \$		Other (please specify):		\$
	Real Estate/ Rental Property: \$		<b>Total Annual Income: \$</b>		
Annual Expenses:	Living Expenses: \$ (Room and Board, Mortgage, Utilities etc.)		Personal: \$ (Groceries, Clothing, Spending Money etc.)		
	Medical: \$		Other: (please specify)		\$
	Legal / Acctg. / Fiduciary: \$		<b>Total Annual Expenses: \$</b>		
Approximate Value of Assets to be Managed (please include copies of any brokerage & other pertinent statements):					\$
We recommend that our clients retain at least 8 months of cash for <i>net expenses</i> in a bank account to reduce the frequency of distributions from the investment portfolio. <b>Other than management fees, how much do you want to keep in cash for contingencies?</b>				\$	or <input type="checkbox"/> None
<b>Attach a list of assets to be managed under this Investment Plan. Include cost basis information or indicate that it is missing.</b>					
<input type="checkbox"/> Mark this box if you would like the Investment Plan to include ALL of the Estate's assets—including all existing assets or accounts.					
<b>WARD'S PERSONAL INFORMATION</b>					
Name of Ward:		<input type="checkbox"/> M <input type="checkbox"/> F		His/Her Tax Bracket:	
				<input type="checkbox"/> 0-15% <input type="checkbox"/> 25-27.5% <input type="checkbox"/> 27.5% +	
Mental Health (elaborate below):		<input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor		Physical Health (elaborate below):	
				<input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor	
Ward's Date of Birth:				If there is an estimate of the Ward's life expectancy, what is it?	
Ward's SSN:					
<b>ADDITIONAL INFORMATION</b> – If there is any information you feel we, as the Investment Advisors, ought to know regarding the circumstances or conditions of estate or Ward, please share it in the box below:					

I affirm that the above information is correct to the best of my knowledge:

Our fax number is (760) 597-9259.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date